



First Nations Health Authority
Health through wellness

Tuberculosis Services

In'ati Is'ick (Paddling Together)

Community Programming Guide



KLAHOWYA! WELCOME!

FNHA's In'ati Is'ick Tuberculosis (TB) services program includes consultation and support to Community Health Nurses (CHNs), Community Wellness Workers and First Nations Health Service Organizations. In'ati is'ick means to paddle across in Chinook language. Persons experiencing tuberculosis are not alone; we are paddling together to get across the divide of illness and colonization to the shores of wellness and Indigenous revitalization.

In'ati Is'ick aims to close the gap in disparity of TB incidence for First Nations peoples of BC to the all-population rate in British Columbia by 2022.

Farther range targets include the WHO goal for low-incidence countries which aims for a 50% reduction in TB incidence and less than 10 cases of TB per million population by the year 2035. High level strategies include assurance of timely and culturally safe diagnosis, treatment and follow-up care for those exposed to and diagnosed with TB. In addition this good work requires transformation of medicalized TB models of prevention to integrated, community-driven and determinants of health interventions informed through Indigenous perspectives.

This Community Programming Guide directs you in how to create and launch TB services in your community. Training and clinical program guidance is aimed at CHNs or Home Community Care Nurses (HCCN) at the Registered Nurse (RN) level. The Canadian TB Standards Manual, BC Centre for Disease Control (BCCDC) Provincial TB Manual and BCCDC TB Screening Decision Support Tool provide clinical guidelines, competencies and standards. FNHA TB Nurse Advisors are your resource for TB consultative guidance on all aspects of TB programming for First Nations communities.



FNHA TB Services Community Program Guide

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1.0 PROGRAM DEVELOPMENT

1.1 CULTURAL-HISTORIC CONTEXT OF TB FOR INDIGENOUS PEOPLES IN BC

The first steps for clinicians in this journey is to learn, respect and support the expert knowledge of lived experience within First Nations communities; to understand and acknowledge the strength of Indigenous wellness perspectives as the most critical protective forces against TB disease; to understand and acknowledge that TB sanatorium and residential school institutions produced multiple violations of human dignity. However even as historic trauma continues to impact current TB experiences, self-determination and cultural revitalization are the most important factors shaping the geography of TB today.

“TB NO LONGER HAS THE POWER OVER FIRST NATIONS IT ONCE DID. THE GHOSTS OF FORCED INSTITUTIONALIZATION, DEATH AND LOSS ARE A FEATURE OF THE PAST. TODAY FIRST NATIONS PEOPLE ARE TAKING CONTROL OF THEIR DESTINY USING THE INDIGENOUS SCIENCE EXPERTISE WE HAVE ALWAYS HAD - BASED IN LAND, CULTURE AND COLLECTIVITY. TB IS PREVENTABLE, CURABLE AND OUR PEOPLE WILL ACCEPT NO LESS THAN RESPECTFUL, CONSIDERATE AND QUALITY TB INTERVENTIONS.”

- Anonymous TB survivor.



CULTURAL HUMILITY

Strategize to work in harmony, equal relationship and consultation with community. Key competencies for community health nursing includes knowing cultural safety, local etiquette/protocol, relational trust, outreach and unstructured visit skills, trauma informed care, knowing systems and resources both formal and informal.

PARTICIPATORY PATHWAY

Meet with community members; participate in community activities; with permission visit important sites in the territory. Learn about Nation(s), language, traditional territory, governance structures, significant historical and reconciliation efforts, traditional and cultural beliefs and current perspectives on the CHN role in healing and care for community.

LISTEN & LEARN

Hold conversation with Elders or cultural support workers around the context of TB for the communities that you serve – considering traditional medicines, wellness strategies, and the legacy of TB for that community. Research your community history for residential school and TB sanatorium experience. What generations were effected directly? What generations continue to be impacted?

Seek recommendations on how to sensitively and effectively approach the topic of TB and conduct screening for community members. Consult on the best way forward to embed TB work within a greater wellness context. Conducting community level screenings, including school screenings, are discouraged without these important first steps.

PERSONAL GROWTH

Do your own personal work prior to implementation of services. Utilize Indigenous learning resources. Have a cultural support guide that you can turn to if a misunderstanding or client distress occurs.

Evaluate your work, obtain feedback. Is the approach too medically based? Is it creating fear? What can be changed? What is working well?

DETERMINANT LEVEL PERSPECTIVE

Consider the determinants of health: aims of community development plans for health and wellbeing; community health indicators pertinent to First Nations and community; economic and environmental factors.

**HOLD CONVERSATION
WITH ELDERS OR CULTURAL
SUPPORT WORKERS AROUND
THE CONTEXT OF TB FOR
THE COMMUNITIES THAT
YOU SERVE**



1.2 NURSING/PUBLIC HEALTH TRAINING

- Complete and pass the online component of the Immunization Competency Course and Exam www.bccdc.ca/health-professionals/education-development/immunization-courses/immunization-competency-course The immunology, cold chain and anaphylaxis management sections are key learning for TB practice. For more information, contact FNHA Health Protection team at: 1-844-364-2232
- RN's can conduct TB screening if they have completed the online component of the immunization certification even if awaiting final skills checklist observation and they self-assess as competent per the TB DST, complete all trainings and review documents below
 - **Online TB essentials course:**
www.bccdc.ca/health-professionals/education-development/tuberculosis-essentials-online-course module
 - **TST Training online course:**
www.bccdc.ca/health-professionals/education-development/tuberculin-skin-testing-online-course
 - **TB DST and TB Screening Competencies:**
www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/TB_RN_competencies_20140715.pdf
www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/TB_DST.pdf
 - **TB Manual:**
www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis
- Attend the FNHA Health Protection workshop: TB/IMMS 101 when feasible. FNHA TB Services team can also come to you for program planning, training and capacity building in community. Confirm you are added to the FNHA Health Protection All Nurses Distribution List by emailing: CDC@fnha.ca
- Organize health systems information: know your local Public Health Nurse or Communicable Disease Team and locations for Chest Xray and lab drop off for specimens. Contact the FNHA TB Services team for support: FNHATB@fnha.ca



1.3 RESOURCES: EQUIPMENT, FORMS, SUPPLIES

- Assure biological management processes including fridge, thermometers (min/max, data logger), back-up power supply, temperature monitoring and documentation, cold chain transportation equipment:
www.bccdc.ca/health-professionals/clinical-resources/immunization/vaccine-management
- Order PPD from local Health Unit which is provided free of charge through BCCDC
- Order TB safety syringes, anaphylaxis kit contents and other materials required for administration of PPD
- Order BCCDC TB Screening Forms in hard copy duplicate from PHSA Distribution Centre:
www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/TB/DistributionCentreOrderingForms.pdf
- Download and Print BCCDC TB Screening from:
www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/TB/CPS_TB_ScreeningForm939_20150722.pdf
- Order Sputum Bottles, Biohazard Bags, Requisition Forms from PHSA:
www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/TB/PHMRLOrderFormUpdatedSept2013.pdf
- Order TB Starter Unit (medication):
www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Pharmacy/TBStarterUnitorderform_v4_Mar2011_.pdf
- Order, download or request additional TB program forms and resources (eg. TB caliper rulers) through FNHA:
www.fnha.ca/what-we-do/communicable-disease-control/respiratory-infections-tuberculosis



2.0 PROGRAM IMPLEMENTATION

2.1 FIRST NATIONS COMMUNITY TB SCREENING, ASSESSMENT AND MONITORING PROTOCOLS*

1ST PRIORITY

CRITICAL IMPORTANCE

At high risk for progression to TB disease if infected or at high risk for exposure to TB

2ND PRIORITY

High Importance

Provincial Congregate, Occupational and Travel Screening

3RD PRIORITY

Annual First Nations School and Employee TB Screening

4TH PRIORITY

First Nations Enhanced Community TB Screening

**Refer to the BCCDC DST and TB Manual for clinical guidelines, standards and protocols*

1ST PRIORITY

CRITICAL IMPORTANCE

At high risk for progression to TB disease if infected or at high risk for exposure to TB.

Required screening activity:

- Persons with risk factors for progression to TB disease if infected (Immune compromised)
- Newly identified contacts to infectious TB case (FNHA will provide guidance)
- Persons with contact to infectious TB case within the last ten years and lacking full evaluation or with untreated Latent TB Infection (LTBI) diagnosis (FNHA will provide guidance)
- Persons at high risk of TB exposure due to homelessness, addictions or incarceration

When to provide screening:

- Screen at time of clinical diagnosis or identification of client with risk factor present
- Annual screening for persons at high risk of exposure due to homelessness and/or addictions
- Post release screening for persons incarcerated
- Contacts: assess at time of contact notification
- Annual assessment of known clients with LTBI diagnosis and treatment recommendation in these categories when treatment was not done or was incomplete

2ND PRIORITY

HIGH IMPORTANCE

Provincial Congregate, Occupational and Travel Screening

Required screening activity:

- Drug/Alcohol/Trauma Recovery treatment
- Residential care facilities
- Occupational screening for Health Care Providers
- Travelers to high incidence countries

When to provide screening:

- Screen at time of pre-congregate entry referral
- Screen upon hire Health Care Providers and if exposed to infectious TB disease
- Screen travelers at baseline and following travel of two months or more to a high incidence country



3RD PRIORITY

Annual First Nations School and Employee TB Screening

Recommended screening activity:

- Community surveillance screening for all children in grades 1 & 6 attending a First Nations managed school
- Employees and volunteers working for First Nations health, early childhood, school and social services: school, early childhood, health centre, early childhood education, mental wellness/NNDAPP, daycare, preschool

When to provide screening:

- Screen upon hire for employees/volunteers
- Screen annually thereafter for employees/volunteers and school children

4TH PRIORITY

First Nations Enhanced Community TB Screening

Contact FNHA TB Services for Community Status

Recommended screening activity:

- Enhanced community surveillance screening for communities with 1 or more cases of infectious TB disease occurring in the past five years
- Includes screening of children at 10 months, 2, 3, 4 & 5 years of age

When to provide screening:

- Offer screening to children attending First Nations run schools (all grades) and all community members through health fairs, special screening clinics or other awareness or mass health events every two years for five years following case of infectious TB disease in community

**Refer to the BCCDC DST and TB Manual for clinical guidelines, standards and protocols*

www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis
www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/TB_DST.pdf

Please consult with FNHA TB Services for questions, concerns or practice support.



COHORT Screening Assessment/Test	1ST PRIORITY At high risk for progression to TB disease if infected or at high risk for exposure to TB	2ND PRIORITY Provincial Congregate, Occupational and Travel Screening	3RD PRIORITY Annual First Nations School and Employee TB Screening	4TH PRIORITY First Nations Enhanced Community TB Screening
FIRST NATIONS COMMUNITY TB SCREENING, ASSESSMENT AND MONITORING <i>*Refer to the BCCDC DST and TB Manual for clinical guidelines, standards and protocol.</i>				
Screening Schedule	Time of clinical diagnosis or identification of client. Contacts: assess at time of contact notification. Annual assessment of known clients with LTBI diagnosis in these categories when treatment was not done or was incomplete.	Screen at time of pre-congregate entry referral. New hire Health Care Providers and if exposed to infec- tious TB disease. Screen travelers at baseline and following travel of 2 months or more to a high incidence country.	Screen upon hire for employees/ volunteers and annually thereafter. Screen school children grades 1 & 6 annually.	Offer screening to all community members. Includes screening of children at 10 months, 2, 3, 4 & 5 years of age.
TB Symptom, Exposure and Risk Factor Inquiry	All.	All.	Adults – All. Children – interview caregiver if TB history or additional health concerns.	All.
Tuberculin Skin Test (TST)	If no previous positive TST.	If no previous positive TST.	If no previous positive TST. Employee - If prior TST negative offer a two-step TST at baseline screening.	If no previous positive TST.
Check x-ray (CXR)	Previous or new positive TST. Immunocompro- mised or initiating immune suppressing treatment. Persons with TB symptomology.	Previous or new positive TST positive. Persons with TB symptomology.	New positive TST. Persons with TB symptomology.	New positive TST. Persons with TB symptomology.
Sputum for AFB	Persons with TB symptomology.	Persons with TB symptomology.	Persons with TB symptomology.	Persons with TB symptomology.

CLIENT SCREENING EDUCATION REMINDERS

While the choice of educational materials can largely be determined in collaboration with the client, it is recommended to ensure client understanding of the following key points:

- The purpose of the screening and diagnostic tests and why they are being recommended
- The difference between LTBI and active TB disease
- Window periods and timing for repeat testing if necessary
- How the test is done
- When to expect results (ensure up-to-date contact information)
- Significance of negative or positive TST and IGRA results

If TST positive:

- Advise not to have this test done again and provide a copy of the result
- Advise future screening may require CXR
- A positive TST result does not exclude the client from school, work or volunteering after active TB disease has been ruled out
- Risk factors that could increase the chances of acquiring a TB infection and developing active TB disease
- Signs and symptoms of active TB disease and to contact a health care provider if they occur
- Review recommendations and required follow-up
- Provide agency contact information and local resources, reflecting the risk factors identified in the TB Health History and needs of the client (e.g. HIV care, Diabetes management, Smoking Cessation)

Source: BCCDC TB DST 2017



3.0 PROVINCIAL TB SERVICE DELIVERY MATRIX FOR FIRST NATIONS COMMUNITIES

FIRST NATIONS COMMUNITY TB SERVICES MATRIX

First Nations community TB Service provision takes place through collaboration between FNHA TB Services, First Nations communities and Provincial partners. Services are primarily delivered in First Nations communities and include community-level assessment, monitoring and prevention of TB, holistic Case Management of TB Disease with Contact Investigation when TB disease is present, capacity building through culturally-informed TB awareness and prevention activities, and surveillance, data collection and evaluation.



TB SERVICES MATRIX ROADMAP

TB ACTIVITY	FNHSO CHN ACTION Communicates with FNHA	FNHA TBS ACTION Communicates with both FNHSO CHN's and BCCDC	BCCDC TBS ACTION Communicates with FNHA
TB Screening	<p>Direct care management.</p> <p>Conduct Screening.</p> <p>Document into Panorama.</p> <p>Panorama Users: Notifies FNHA through email of any screening requiring CXR review or other clinical evaluation.</p> <p>Non-Panorama Users: FAX TB Screening Form to FNHA.</p>	<p>Reviews CHN documentation.</p> <p>Provides guidance on clinical pathway.</p> <p>Assures complete diagnostic lab submission.</p> <p>Assures MD recommendations are clear & coordinated.</p> <p>Notification between FNHSO CHN & BCCDC TBS.</p>	<p>MD reviews and provides recommendations.</p> <p>Emails notification to FNHA TBS.</p>
LTBI or TB Diagnosis, Treatment Start, Monitoring & Completion	<p>Direct care management with FNHA partnership.</p> <p>Complete collaborative client/family/provider care planning, pre-treatment start and monthly encounter labwork, treatment monitoring on paper copy.</p> <p>Panorama and non-Panorama users: FAX paperwork for adherence and monitoring logs to FNHA monthly.</p>	<p>Enters treatment information into Panorama; conducts case management coordination.</p> <p>Orders medications.</p> <p>Provides guidance on clinical pathway.</p> <p>Assures complete diagnostic labs uploaded and reviewed.</p> <p>Assures MD recommendations are clear & coordinated.</p> <p>Notification between FNHSO CHN & BCCDC TBS.</p>	<p>MD reviews and provides recommendations.</p> <p>Emails notification to FNHA TBS.</p> <p>Pharmacy dispenses medications.</p>



3.1 HOLISTIC CASE MANAGEMENT MODEL

The aim of the First Nations Community TB Services matrix is integrated, holistic case management of persons experiencing TB disease and those exposed to infectious TB. Efforts strive for a culturally safe, client centered approach to all aspects of care. Team members include CHNs, Wellness Champions, Elders/cultural leaders and Primary care providers. FNHA TB Services Nurse Advisors provide consultation, coordination and guidance. BCCDC provides expert TB MD recommendations.

- Clients and their close relations, by blood, social network or culture, are experts on their own lives, motivations and needs. Respectful inclusion of client participation in development of the TB care plan is essential
- CHN's oversee care management and align treatment with existing health conditions and services
- Wellness Champions are community members who provide treatment adherence support/directly observed therapy, education, cultural navigation and encouragement to persons affected by TB. Wellness Champions may already be working in this capacity in community or may be identified and hired through FNHA
- Primary care providers oversee clinical monitoring
- FNHA TB Services Nurse Advisors act as a coordination hub assuring care progresses according to quality standards and that services are provided with equity and safety
- BCCDC and RHA CD Teams provide expert clinical and public health guidance
- The Ho'kumelh O'pekwan (gathering basket) aspect of the FNHA program provides basic need supplementation in order to assure that TB patients have nutritional, transportation and other basic needs critical to successful treatment. It also gifts clients, Wellness Champions and Nurses in recognition of the hard work of paddling together for success



3.2 COMMUNITY TB SUPPORT

ACTIVITY/AIM	PARTICIPANTS	APPROXIMATE LENGTH OF TIME
<p>Clinical Management of LTBI Treatment, TB Disease and Contact Investigation</p> <ul style="list-style-type: none"> • Provide comprehensive guidance and in-community direct support from the point of screening/evaluation to treatment completion or contact investigation closure. 	<ul style="list-style-type: none"> • PHN's, CHN's, HCCN's, primary care providers, CHW's, PCA's, clients, families. 	Variable
<p>TB Program Planning</p> <ul style="list-style-type: none"> • Capacity building support to apply TB clinical and prevention guidelines, workflow and engagement skill building. 	<ul style="list-style-type: none"> • PHN's, CHN's, HCCN's primary. • CHW's, PCA's and other wellness workers optional. 	4 to 6 hours.
<p>Screening and Treatment Workload Support</p> <ul style="list-style-type: none"> • Provide nursing direct service support for TB screening activities such as schools, community, contact investigation or other. • Provide nursing direct service support for TB treatment activities such as client/circle of care training or care plan activities. 	<ul style="list-style-type: none"> • PHN's, CHN's, HCCN's • Community Members • Employees • Schools • Clients 	Variable
<p>Community Capacity Building</p> <ul style="list-style-type: none"> • Collaborative gathering with facilitated discussion - inclusion of local Indigenous perspective; aim to transform to the value of collective responsibility for change rather than expert responsibility. • Engagement with community (providers/general community or target populations or other) around TB – history, pathology, epidemiology, clinical guidance, other as needed. • Health fair or wellness event table and etc. • Includes meal, honorarium and community incentive gifts. 	<ul style="list-style-type: none"> • Community members – general or targeted. • Providers 	2 to 6 hours.
<p>TB Wellness Champion Training and Support</p> <ul style="list-style-type: none"> • Community engagement and outreach for TB prevention and education. • Screening support to CHN's. • Adherence support/DOT. 	<ul style="list-style-type: none"> • Community Wellness Leaders – CHW's, CHR's, PCA's, NADAP Workers, other. 	Variable

APPENDIX A FNHA TB SERVICES INFORMATION

What do we provide?

- Culturally-informed TB education, training and consultation to CHN's, CHR's, Health Directors and community members
- Coordination & guidance in the case management of TB disease, latent TB infection and contact tracing
- Coordination to BCCDC TB Services in the provision of physician, lab, pharmacy and epidemiology
- Educational materials for community distribution

CONTACT INFORMATION

<p>General Contact</p> <p>Email: FNHATB@fnha.ca Tel: 1-844-364-2232 or 604-693-6998 Confidential Fax: 604-689-3302</p>	<p>FNHA TB Services</p> <p>Hours: Monday – Friday 8:30-4:30 Closed STAT Holidays</p>
<p>Program Management <i>Isa Wolf</i> BScN, MPH Email: isa.wolf@fnha.ca Tel: 604-693-6810 Cell: 778-870-5497</p>	<p>TB Clinical Nurse Advisor <i>Jennifer Sammartino</i> BScN Email: jennifer.sammartino@fnha.ca Tel: 604-693-3277 Cell: 604-319-1808</p>
<p>TB services Resource Coordinator <i>Trish Collison</i> BA Email: trish.collison@fnha.ca Tel: 604-693-6971</p>	<p>TB Clinical Nurse Advisor <i>Danielle Murray</i> RN BScN Email: danielle.murray@fnha.ca Tel: 604-693-6872 Cell: 778-209-7042</p>
<p>Panorama Support Email: Panorama@fnha.ca</p>	
<p>After Hours / Weekend / Holiday TB Urgent Support:</p> <p>Fraser Health: 604-527-4806 Vancouver Coastal: 604-527-4893 Interior Health: 1-866-457-5648 Island Health: 1-800-204-6166 Northern Health: 250-565-2000</p>	



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